

**Notice of Exemption**

Appendix E

To: ☐ Office of Planning and Research  
1400 Tenth Street, Room 121  
Sacramento, CA 95814

☒ County Clerk  
County of Riverside  
P.O. Box 751  
Riverside, CA 92502-0751

From: **City of Banning**  
*Community Development*  
Dept.

P.O. Box 998  
Banning, CA 92220

**Project Title:**

CONDITIONAL USE PERMIT (CUP) 21-8033. A REQUEST BY AEGIS/PINNACLE, TO OPERATE A MEDICAL CLINIC FOR ADDICTION TREATMENT AND COUNSELING IN AN EXISTING BUILDING LOCATED IN THE HIGHWAY SERVING COMMERCIAL (HSC) ZONING DISTRICT.

**Project Location – Specific:**

2781 West Ramsey Street, Suites 3 and 4, Banning, CA 92220 (APN 538-171-024).

**Project Location – City:** *City of Banning*

**Project Location – County:** *Riverside*

**Description, Nature, Purpose, and Beneficiaries of Project:**

Out-Patient medical treatment and counseling services

**Name of Public Agency Approving Project:** *City of Banning Planning Commission*

**Name of Person or Agency Carrying Out Project:**

Aegis/Pinnacle Treatment Centers

**Exempt Status: (check one)**

- ☐ Ministerial (Sec. 21080(b)(1); 15268):
- ☐ Declared Emergency (Sec. 21080(b)(3); 15269(a):
- ☐ Emergency Project (Sec. 21080(b)(4); 15269(b)(c):
- ☒ Categorical Exemption. State type and section number: *15301 Existing Facilities, Class 1.*
- ☐ Statutory Exemptions. State code number:

**Reasons why project is exempt:**

Planning Division staff has determined that this Project is categorically exempt from the requirements of the California Environmental Quality Act ("CEQA") pursuant to State CEQA Guidelines Section 15301 (Existing Facilities - Class 1 Categorical Exemption) because the project is permitted upon approval of a Conditional Use Permit and consists of the operation, repair, maintenance, permitting, leasing, licensing, and minor alteration of an existing private structure involving negligible or no expansion of an existing use, including interior or exterior alterations involving such things as interior partitions, plumbing, and electrical conveyances.


**Lead Agency**

**Contact Person:** *Adam Rush*

**Area Code/Telephone/Extension:** *(951) 922-3125*

**If filed by applicant:**

1. Attach certified document of exemption finding.
2. Has a Notice of Exemption been filed by the public agency approving the project? ☒ Yes ☐ No

Signature:  Date: 02-25-22 Title: *Community Development Director*

- ☒ Signed by Lead Agency
- ☐ Signed by Applicant

Date received by OPR: